

**Statement of Organization  
Recipient Committee**

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

# 01391009

09/30/2016

Date qualified as committee  
(if applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

Date qualified as committee

Date Stamp	<b>CALIFORNIA FORM 410</b>
City Clerk's Office	For Official Use Only
OCT 17 2016	
RECEIVED	

**1. Committee Information**

NAME OF COMMITTEE

Milpitas Residents for Fair Garbage Rates, No on L

STREET ADDRESS (NO P.O. BOX)

1487 Yosemite Dr.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA 95035

(408)942-1110

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

408-942-1110/armandogomezjr@gmail.com

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Armando Gomez

STREET ADDRESS (NO P.O. BOX)

1487 Yosemite Dr.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA 95035

(408)942-1110

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Pete McHugh

STREET ADDRESS (NO P.O. BOX)

654 Los Pinos Ave.

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA 95035

(408)263-8504

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/07/2016  
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/07/2016  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Continuation Sheet – Principal Officers

Armando Gomez  
1487 Yosemite Dr.  
Milpitas, CA 95035  
(408) 942-1110

Dinah Dacollos  
133 N. Temple Dr. #110  
Milpitas, CA 95035  
(408) 625-0493

Martha Browne  
1499 Mt. Diablo Dr.  
Milpitas, CA 95035  
(408) 473-5491

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

Page 2

COMMITTEE NAME  
Milpitas Residents for Fair Garbage Rates, No on L

I.D. NUMBER

1391029

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE		
Bank of America	(408)277-7980		
ADDRESS	CITY	STATE	ZIP CODE
99 S. Fourth St.	San Jose	CA	95112

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Measure L	Milpitas, Santa Clara County, CA	SUPPORT <input type="checkbox"/>	OPPOSE <input checked="" type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

1391029

Committee Name  
Milpitas Residents for Fair Garbage Rates, No on L

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee



Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

**Statement of Organization  
Recipient Committee**

Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

#

☐ Termination - See Part 5

List I.D. number:

#

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_  
Date of Termination

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

SEP 29 2016

Hand Delivered, Sacramento

CALIFORNIA  
FORM 410

For Official Use Only

OCT - 5 2016

RECEIVED

**1. Committee Information**

NAME OF COMMITTEE

Milpitas Residents for Fair Garbage Rates, No on L

STREET ADDRESS (NO P.O. BOX)

1487 Yosemite Dr.

CITY

Milpitas

STATE

CA

ZIP CODE

95035

AREA CODE/PHONE

(408)942-1110

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

408-942-1110/armandogomezjr@gmail.com

COUNTY OF DOMICILE

Santa Clara

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

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I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/28/2016

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/28/2016

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 09/28/2016

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Page 2

I.D. NUMBER

COMMITTEE NAME  
**Milpitas Residents for Fair Garbage Rates, No on L**

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Pending			
ADDRESS	CITY	STATE	ZIP CODE

**4. Type of Committee** Complete the applicable sections.

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Measure L	Milpitas, Santa Clara County, CA	SUPPORT	OPPOSE
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>

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